

Human Services Committee
February 14, 2023

Raised Bill H.B. 6628 AN ACT CONCERNING MEDICAID COVERAGE OF BIOMARKER TESTING

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to provide comments on Raised Bill H.B. 6628 AN ACT CONCERNING MEDICAID COVERAGE OF BIOMARKER TESTING. ACS CAN, the nonprofit, non-partisan advocacy affiliate of the American Cancer Society, advocates for public policies that reduce death and suffering from cancer including policies targeted at improving the health of our state by increasing and ensuring access to care.

This legislation will ensure Connecticut Medicaid (HUSKY Health) enrollees have coverage for biomarker testing when medically appropriate. Biomarker testing analyzes tumor samples to identify mutations that may impact treatment decisions. This testing is an important step to accessing precision medicine which includes targeted therapies that can lead to improved survivorship and better quality of life for cancer patients.ⁱ This testing can also result in reduced costs due to bypassing ineffective treatments and identifying patients at low risk of disease progression who may choose to forgo aggressive treatment. There is currently limited and disparate access to biomarker testing, leaving many in Connecticut without the information needed to best treat their cancer.ⁱⁱ

We remain concerned that some communities are being left behind from the latest advancements in biomarker testing and precision medicine. Studies have shown that patients who are Medicaid-insured are less likely to receive medically necessary biomarker testing.ⁱⁱⁱ

Improving access to biomarker testing and thereby access to targeted therapies is a strategy to reduce health disparities and improve outcomes for cancer patients – so that existing disparities in cancer outcomes aren't further exacerbated by limiting access to this testing and the most effective treatments to patients with private insurance or the ability to pay for testing out of pocket.

Concerningly, a recent study revealed that among patients with advanced non-small cell lung cancer, Medicaid enrollees were not only less likely to undergo biomarker testing and receive biomarker-directed treatment, but there was also at a higher risk of death compared to those Medicaid enrollees that did receive the testing *and* commercially insured patients.^{iv}

Insurance coverage in private plans and state Medicaid programs is not keeping pace with innovations in testing. Aligning Connecticut HUSKY coverage of biomarker testing with scientific and medical evidence will ensure more people can benefit from the most effective treatments for their condition – **while avoiding costly, ineffective treatments and unnecessary disease progression.**

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This can be done with a negligible fiscal impact on Connecticut. A 2022 actuarial analysis by Milliman estimates that providing the level of coverage outlined in HB 6628 would have an impact of \$0.05 - \$0.09 per member per month.^v Based on the September, 2022 Connecticut HUSKY enrollment of 981,315 members^{vi}, the estimated impact for Connecticut would be between \$49,066 and \$88,318 per year. It is important to note that this estimate does not account for the potential cost savings that could result from avoiding ineffective therapies and resulting reduction in progression in some cases.^{vii,viii}

A study sponsored by CVS Health demonstrated comprehensive biomarker testing can yield cost saving on overall treatment costs.^{ix} The study revealed that spending more on biomarker testing upfront significantly reduced the overall total cost of lung cancer care – saving an average of more than \$8,500 per lung cancer patient with broad panel testing compared to similar patients who received less expensive narrow panel testing.

Special focus should be placed on preventing differences in outcomes due to inequalities in the utilization of biomarker testing and targeted therapy. Ensuring coverage of medically appropriate biomarker testing for all patients – including those insured through Medicaid – can help dismantle barriers to access to biomarker testing and targeted therapies for groups who are currently not benefitting.

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ⁱ ACSCAN.ImprovingAccessToBiomarkerTesting:AdvancingPrecisionMedicineinCancerCare.September2020.

ⁱⁱ ADVI.PayerCoveragePoliciesofTumorBiomarkerTesting.September2020.

https://www.fightcancer.org/sites/default/files/ACS%20CAN%20and%20LUNGevity_Payer%20Coverage%20Policies%20of%20Tumor%20Biomarker%20Testing.pdf

ⁱⁱⁱ Presley, C., Soulos, P., Chiang, A., Longtine, J., Adelson, K., Herbst, R., Nussbaum, N., Sorg, R., Abernethy, A., Agarwala, V., & Gross, C. (2017). Disparities in next generation sequencing in a population-based community cohort of patients with advanced non-small cell lung cancer. *Journal of Clinical Oncology*. 35. 6563-6563. 10.1200/JCO.2017.35.15_suppl.6563.

^{iv} GrossCP,MeyerCS,OgaleS,KentM,WongWB.AssociationsbetweenMedicaidinsurance,biomarkertesting,and outcomes in patients with advanced NSCLC. *J Natl Compr Canc Netw*. 2022;20:479-487.e2. doi:10.6004/jnccn.2021.7083

^v Diegues,G,Carioto,J.TheLandscapeofbiomarkertestingcoverageintheUnitedStates.February2022.

^{vi} ConnecticutMedicaidMonthlyManagedCareReport.September2022.

^{vii} MikyungKellySeo&JohnCairns.Docancerbiomarkersmaketargetedtherapiescost-effective?Asystematicreviewin metastatic colorectal cancer. *PLOS*. September 26, 2018 <https://doi.org/10.1371/journal.pone.0204496>

^{viii} TiffanyM.Yu,BS,BA,CarlMorrison,EdwardJ.Gold,AlisonTradonsky,AndrewJ.Layton.MultipleBiomarkerTesting Tissue Consumption and Completion Rates With Single-gene Tests and Investigational Use of Oncomine Dx Target Test for Advanced NoneSmall-cellLung Cancer: A Single-center Analysis. *Clinical Lung Cancer*. August 23, 2018 <https://doi.org/10.1016/j.clcc.2018.08.010>

^{ix} Totalcostoflungcancercareassociatedwithbroadpanelversusnarrowpanelsequencing.SponsoredbyCVSHealth. May 2020. https://ascopubs.org/doi/abs/10.1200/JCO.2020.38.15_suppl.7077

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